

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE	
							APPLICANT(S)		
CLAIMS									
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT				
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND
1	1						51		
2		1					52		
3			1				53		
4			1				54		
5			1				55		
6			1				56		
7			1				57		
8			1				58		
9			1				59		
10			1				60		
11			1				61		
12			1				62		
13			1				63		
14			1				64		
15			1				65		
16			1				66		
17			1				67		
18		1	1				68		
19		1					69		
20		1					70		
21		1					71		
22		1					72		
23		1	1				73		
24		1					74		
25		1					75		
26		1					76		
27		1					77		
28		1					78		
29		1					79		
30		1					80		
31		1					81		
32		1					82		
33	1						83		
34	1						84		
35							85		
36							86		
37							87		
38							88		
39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	3						TOTAL IND.		
TOTAL DEP.	31	←	↓	←	↓	←	TOTAL DEP.	←	↓
TOTAL CLAIMS	34	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]